

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14996 OF 60088

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TRUMP MAKE AMERICA GREAT AGAIN COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ELBERSON, WILLIAM, , ,

Mailing Address 309 W 10TH ST

City
GILLETTE

State
WY

Zip Code
82716

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BUCKSKIN MINING CO

Occupation (for Individual)
MINING TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 18 / 2019

Transaction ID : SA11AI.165921

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ELBERSON, WILLIAM, , ,

Mailing Address 309 W 10TH ST

City
GILLETTE

State
WY

Zip Code
82716

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BUCKSKIN MINING CO

Occupation (for Individual)
MINING TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.50

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 24 / 2019

Transaction ID : SA11AI.165920

Amount of Each Receipt this Period

22.50

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4235]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ELDER, CINDY, M, ,

Mailing Address 721 KELLY FARM RD

City
NEWNAN

State
GA

Zip Code
30265

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EMORY REHABILITATION

Occupation (for Individual)
OFFICE PERSONNEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2019

Transaction ID : SA11AI.165923

Amount of Each Receipt this Period

440.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

512.50

TOTAL This Period (last page this line number only).....▶